

**COLUMBIA COUNTY EMPLOYEES FOR EXCELLENCE
COMMITTEE
EMPLOYEE OF THE MONTH**

NOMINATION FORM

Nominations for the Columbia County Board of Commissioners Employee of the Month should be submitted using this two-page packet.

- *The first page should be filled out by you and signed by the employees
Immediate Supervisor & Division Director.*
- The second page should be used for justification. Please provide a detailed description of why the employee should be chosen as Employee of the Month. **Page 2 is the only information that will be made available to the Employees for Excellence Committee for selection.**
 - Please make sure that page 2 is typewritten.
 - Do not put any identifying information on this page (name, gender, or department). This will ensure that all votes are unbiased and that the winner is chosen based on the merits of the nomination.
- The nomination packet should be forwarded to the Election's Officer of the Employees for Excellence Committee via inter-office mail. If you do not know who is currently serving as the Election's Officer, please call Marcia Lowry in Human Resources at 868-3310.
- Once submitted, the nomination is good for six months. If after the six month period the nominee has not been selected as Employee of the Month, you will need to resubmit the nomination. If the nominee is chosen he/she will be honored at the Board of Commissioners Meeting with a plaque, their name will be added to the Employee of the Month wall plaque located in the West Wing of the Government Complex, and he/she will also receive a day off with pay.

IMPORTANT

YOU MAY NOMINATE ANY EMPLOYEE WITHIN THE COUNTY BUT, **THE NOMINATION FORM MUST BE SIGNED BY THE NOMINEES IMMEDIATE SUPERVISOR & DIVISION DIRECTOR.** (ex. Someone from the Water Department can nominate someone from Roads & Bridges. Even a department head can be nominated- but the immediate supervisor & the division director of the nominee **MUST** sign the nomination form.)

NOMINEE:

DEPARTMENT:

DATE OF HIRE:

NOMINATION SUBMITTED BY:

DEPARTMENT:

PHONE NUMBER:

NOMINEES IMMEDIATE SUPERVISOR:

SIGNATURE OF IMMEDIATE SUPERVISOR:

SIGNATURE OF DIVISION DIRECTOR/ELECTED OFFICIAL:

DATE:

***COLUMBIA COUNTY EMPLOYEES FOR
EXCELLENCE COMMITTEE
EMPLOYEE OF THE MONTH***

NOMINATION FORM

Please include the following criteria :

Service to others
Performance
Enthusiasm & Excellence
Compassion
Initiative
Ability
Loyalty
